BLACKSBURG

NEIGHBORHOOD ENHANCEMENT

Neighborhood Enhancement Grant

Program Application

Date of Submission: _____

Neighborhood Area: _____

Neighborhood Contact Information:

Name:_____   Daytime phone number:_____

Address:_____   E-mail:_____

What is the project's purpose?

_____

_____

_____

_____

Please give a brief description of the project.

_____

_____

_____

_____

Please describe the Public Benefit of this project.

_____

_____

_____

_____

In the area below, please list each item of work, expected finish date and cost.

Item of Work	Expected finish date	Cost
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
	Project Total	$_____

How do you plan on meeting your neighborhood portion of the project total?

_____

_____

_____

How many hours of labor does the neighborhood plan on working?

(up to 25 hours of neighbor labor) _____

How do you plan on maintaining your neighborhood project after it is implemented?

_____

_____

_____

_____   _____

Applicant Signature   Date

_____

Applicant Signature (please print)